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PTO/SB/01 (8-96)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Declaration OR  
Submitted  
with Initial Filing ☐ Declaration  
Submitted after  
Initial Filing

Attorney Docket Number

First Named Inventor

O. LAVERGNE

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OPTICALLY PURE CAMPTOTHECIN ANALOGUES

(Title of the invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY)

02/24/2000

as United States Application Number or PCT International

Application Number

PCT/FR00/00461

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
99/02398	France	02/26/1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

(Page 1 of 5)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents and Trademarks, Washington, DC 20231.

(Janvier 1997)

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## DECLARATION

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Charles A. Muserlian	19,683		
Jordan B. Bierman	18,629		
Donald C. Lucas	31,275		
Bierman, Muserlian and Lucas	18,818		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

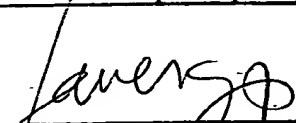
Direct all correspondence to:

Name	Bierman, Muserlian and Lucas		
Address			
Address	600 Third Avenue		
City	New York	State	New York
Country	U.S.A.	Telephone	(212) 661-8000
		Fax	(212) 661-8002

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	Olivier	Middle Initial		Family Name	LAVERGNE	Suffix e.g. Jr.	
Inventor's Signature					Date	28 March 2001	

Residence: City	PALAISEAU	State		Country	FRANCE	Citizenship	French
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Post Office Address							
City	PALAISEAU	State		Zip	F-91120	Country	FRANCE

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

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## DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Dennis				Middle Initial				Family Name		BIGG				Suffix e.g. Jr.					
Inventor's Signature		<i>Dennis Bigg</i>								Date		March 28 2001									
Residence: City		GIF-SUR-YVETTE				State		FR		Country		FRANCE				Citizenship		French			
Post Office Address		12 rue des Bénédictines																			
Post Office Address																					
City		GIF-SUR-YVETTE				State		FR		Zip		F-91190				Country		FRANCE			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Christophe				Middle Initial				Family Name		LANCO				Suffix e.g. Jr.					
Inventor's Signature		<i>Christophe Lanco</i>								Date		28/03/2001									
Residence: City		DOURDAN				State		FR		Country		FRANCE				Citizenship		French			
Post Office Address		44 rue Lebrun																			
Post Office Address																					
City		DOURDAN				State		FR		Zip		F-91140				Country		FRANCE			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name		Alain				Middle Initial				Family Name		ROLLAND				Suffix e.g. Jr.					
Inventor's Signature		<i>Alain Rolland</i>								Date		28/03/2001									
Residence: City		PALAISEAU				State		FR		Country		FRANCE				Citizenship		French			
Post Office Address		10 rue des Piverts																			
Post Office Address																					
City		PALAISEAU				State		FR		Zip		F-91120				Country		FRANCE			
Name of Additional Joint Inventor, if any:										<input type="checkbox"/> A petition has been filed for this unsigned inventor											
Given Name						Middle Initial				Family Name						Suffix e.g. Jr.					
Inventor's Signature										Date											
Residence: City						State				Country						Citizenship					
Post Office Address																					
Post Office Address																					
City						State				Zip						Country					
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto																					